

QUALITY OF LIFE AFTER BRAIN INJURY – Overall Scale

We would like to know **how satisfied** you are with different aspects of your life since your brain injury. For each question please choose the answer which is closest to how you feel now (including the past week) and mark the box with an “X”. If you have problems filling out the questionnaire, please ask for help.

These questions are about how you feel overall *now* (including the past week).

	Not at all	Slightly	Moderately	Quite	Very
1. Overall , how satisfied are you with your physical condition?					
2. Overall , how satisfied are you with how your brain is working, in terms of your concentration, memory, thinking?					
3. Overall , how satisfied are you with your feelings and emotions?					
4. Overall , how satisfied are you with your ability to carry out day to day activities?					
5. Overall , how satisfied are you with your personal and social life?					
6. Overall , how satisfied are you with your current situation and future prospects?					

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